This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM		OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:		
		ansmissions by	DATE RECEIVED	AMOUNT			
Cable Syste			DATE RECEIVED		coplicsoa@loc.gov		
,	- (-			\$	For additional information,		
General instru	ctions	are located	02/10/2020		contact the U.S. Copyright Office Licensing Division at:		
in the first tab	of this	workbook	02/10/2020	ALLOCATION NUMBER	Tel: (202) 707-8150		
					1		
Α	ACCO	OUNTING PERIOD COVERED	RV THIS STATEMENT: (V	VVV/(Period))			
	ACCC			i i i i i i i i i i i i i i i i i i i			
			l				
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
			Paraodo Data Filing Pariod (antiona				
			Barcode Data Filing Period (optiona	- see instructions)			
Accounting							
Period							
		Instructions: Give the full legal name of the owner of th	e cable system. If the owner is a subs	idiary of another corporation, give the full cor	rporate title		
B		of the subsidiary, not that of the parent co	-				
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.			
		If there were different owners during the a single statement of account and royalty fe		the last day of the accounting period should s ting period.	ubmit a		
		Check here if this is the system's first filing	If not enter the system's ID number	assigned by the Licensing Division	63689		
			. If not, enter the system s ib number	assigned by the Licensing Division.			
		LEGAL NAME OF OWNER/MAILING					
			ADDICESS OF CADLE STOTEM				
		North Alabama Electric Cooperative					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	-		
		NAEC Fiber					
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		41103 US Hwy 72, PO Box (528				
		(Number, street, rural route, apartment, or suite no Stevenson, AL 35772	umber)				
		(City, town, state, zip)					
С				ntify the business and operation of the			
	names		2, give the mailing address of th	e system, if different from the address	₃ given in space B.		
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM					
		MAILING ADDRESS OF CABLE STSTEM					
	2	(Number, street, rural route, apartment, or suite n	umber)				
		(City town state via code)					
		(City, town, state, zip code)					
Privacy Act Notic	e: Section	111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect to	ne personally identifying information (PII) reque	ested on this		

Privacy Act Notice: Section 111 of title 1/ of the United States Code aution/zes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Name	North Alabama Electric Cooperative	636
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	ed communities within unincorporated areas and including single
	as the "first community." Please use it as the first community on all future filing	s.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Hollywood	AL
Community	Bridgeport	AL
	Stevenson	AL
ld Rows as Necessary	Woodville	AL
	Skyline	AL
	Scottsboro	AL
	Guntersville	AL

		· · · · · · · · · · · · · · · · · · ·

							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM	:				SYS	
	North Alabama Electric	Cooperativ	е					6368
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIBERS AN	D RATES				
E	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including provide the services)							
Transmission	last day of the accounting period	· · ·	,	,		nose exis	ing on the	
Service: Sub-	Number of Subscribers: Bot					ble system	, broken	
scribers and	down by categories of secondar	y transmission	service. In genera	l, you can con	npute the numbe	er of subsc	ribers in	
Rates	each category by counting the n		, ,	•			charged	
	separately for the particular servert Rate: Give the standard rate of						ne and the	
	unit in which it is generally billed	-						
	category, but do not include disc	· · ·	,					
	Block 1: In the left-hand block	•		•				
	systems most commonly provide that applies to your system. Not							
	categories, that person or entity		•		0			
	subscriber who pays extra for ca							
	first set" and would be counted of	once again und	er "Service to add	tional set(s)."				
	Block 2: If your cable system	-						
	printed in block 1 (for example, t with the number of subscribers a							
	sufficient.	and rates, in the	e ngnt-nand block.	A two- or three	e-word descript		Service is	
	BL	OCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:							
	Service to first set		216 37.0	3				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		33 37.0	3				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC					tom'a con	viene that wore	
F	In General: Space F calls for ra not covered in space E, that is, t	•	,	•	• •			
	service for a single fee. There a				,	,		
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the un		usually billed. If a	ny rates are cl	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cable system fo	or each of the	applicable servi	ces listed		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a				these other ser	vices in the	e form of a	
		ption and inclue	the rate for eac	۱.				
	brief (two- or three-word) description						BLOCK 2	
	brief (two- or three-word) descri	BLO	CK 1				BLOOKZ	
	CATEGORY OF SERVICE	BLO(RATE	CATEGORY OF S	BERVICE	RATE	CATEGO	DRY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:		CATEGORY OF S	BERVICE	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEGORY OF S Installation: Non • Motel, hotel	BERVICE	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel		CATEGORY OF S Installation: Non • Motel, hotel • Commercial	BERVICE	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable	SERVICE residential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection		CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable-add	SERVICE residential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential		CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protection	SERVICE •residential 'I channel	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protectior • Burglar protect	SERVICE •residential 'I channel	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protection • Burglar protect Other services:	SERVICE •residential 'I channel	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protectior • Burglar protec Other services: • Reconnect	SERVICE •residential 'I channel	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protectior • Burglar protec Other services: • Reconnect • Disconnect	ERVICE residential 'I channel tion	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		CATEGORY OF S Installation: Non • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protectior • Burglar protec Other services: • Reconnect	SERVICE residential 'I channel tion	RATE	CATEGO		RAT

counting Period: 2	2019/2			FC	DRM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF				SYSTEM ID
-	North Alabama Electr				63689
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial education actions in the paper SA1-2 form.	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" tional multicast). is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	STATION
	WRCB	3	N	CHATTANOOGA,TN	
	WRCB-2	4	N-M	CHATTANOOGA, TN	
l Rows as Necessary	WHDF	15	Ν	HUNTSVILLE,AL	
	WHNT	19	N	HUNTSVILLE,AL	
	WHNT-2	20	N-M	HUNTSVILLE,AL	
	WHIQ	25	E	HUNTSVILLE,AL	
	WHIQ-2	26	E-M	HUNTSVILLE,AL	
	WHIQ-3	27	E-M	HUNTSVILLE,AL	
	WAAY	31	Ν	HUNTSVILLE,AL	
	WAAY-2	32	N-M	HUNTSVILLE,AL	
	WTCI	45	E	CHATTANOOGA,TN	
	WAFF	48	Ν	HUNTSVILLE,AL	
	WAFF-2	49	Ν	HUNTSVILLE,AL	
	WAFF-3	50	N	HUNTSVILLE,AL	
	WZDX	54	Ν	HUNTSVILLE,AL	
	WZDX-2	53	N-M	HUNTSVILLE,AL	
	WZDX-3	55	N-M	HUNTSVILLE,AL	
	WZDX-4	56	N-M	HUNTSVILLE,AL	

EGAL NAME OF								SYSTEM 636
	every radio s	station ca	arried on a separate and discrent of the second sec					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	North Alabama Electri	c Cooper	ative				63689
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM I O	G		
	In General: In space I, ident	-	-			tion that your cabl	e system carried on a
•	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				0	•	•
Special	During the accounting per	-			sis anv non	network television	program
Statement and		-		n ourly, on a substitute ba	515, any 11611		
Program Log	broadcast by a distant sta	uon?					ES XNO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you ı	must complete the	e program
	log in block 2.						
	2. LOG OF SUBSTITUTI						
	In General: List each subs				s wherever p	ossible, if their me	eaning is
	clear. If you need more spa						
	period, was broadcast by a			vision program ("substitute			
	under certain FCC rules, re						
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love L	_ucy" or
	"NBA Basketball: 76ers vs.	Bulls."					
				er "Yes." Otherwise enter			
				asting the substitute prog		accord by the FO	C ar in
	the case of Mexican or Car			the community to which the community with which the			C or, in
				stem carried the substitute			the month
	first. Example: for May 7 gi		, ,		1 0	,	
				ogram was carried by you			
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m. shoul	d be
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system was	required
	to delete under FCC rules						
	was substituted for program						
	effect on October 19, 1976					-	
					14/115		
	e		E PROGRAM	1		N SUBSTITUTE AGE OCCURRE	D 7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	-	то
						-	
						_	
						_	
						_	
						_	
						_	
						_	
						—	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Humo	North Alabama Electric Cooperative		63689
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	5 ,220.00 iss receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		02.00
	1. Base amount under statutory formula \$ 263,800.00	,	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: North Alabama Electric Cooperative	SYSTEM ID# 63689
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	18 30
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Terri K. Firestein Telephone	204 700 6000
for Further Information	Name Terri K. Firestein Telephone Address 10806 Garrison Hollow Rd (Number, street, rural route, apartment, or suite number)	301-788-6889
	Clear Spring, MD 21722 (City, town, state, zip)	
	Email tfireccg@myactv.net Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified ner of the cable system
	X Terri K. Firestein Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Terri K. Firestein Title: Sr. Director, Consultant (Title of official position held in corporation or partnership)	
	Date: February 10, 2020	

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unting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
th Alabama Electric Cooperative	6368
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	-
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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